

County: _____ School District: _____

School: _____ CDS Code (14 digits): ____/____/____/____/____/____/____/____/____/____/____/____/____/____/____

Street Address: _____

City: _____ Zip: _____

Principal: _____ Telephone: _____

FAX: _____ E-mail: _____

Consolidated Program Director: _____ Telephone: _____

FAX: _____ E-mail: _____

To meet NCLB requirements, each schoolwide program (SWP) school must receive technical assistance when it completes its comprehensive needs assessment and its schoolwide program plan. Please check the box for at least one entity that has provided technical assistance for your school. Also, identify by name the lead provider for each box checked.

- ☐ Regional System of District and School Support (RSDSS) _____
- ☐ County Office of Education _____
- ☐ External Coaches/Consultants _____
- ☐ Institution of Higher Education _____
- ☐ Other _____

The undersigned certify this school is at least 40 percent poverty level and also, the SWP plan incorporates the ten federally required components as listed on Attachment A of the California Department of Education SWP Web page located at <http://www.cde.ca.gov/sp/sw/rt/>.

Superintendent: _____ Date: _____

Principal: _____ Date: _____

Date of Local Board Approval:

School Improvement and Title I Basic Office
California Department of Education
1430 N Street, Room 6208
Sacramento, CA 95814-5901